Application Serial Number 09/921,654 MAY 1 8 2006 Filing Date August 3, 2001 First Named Inventor Amar Group Art Unit 3626 NSMITTAL **Examiner Name** Pass, N. **FORM** Attorney Docket No. ATH-001 Patent No. Not applicable Issue Date Not applicable ENCLOSURES (check all that apply) Copy of Notice to File Missing Request for Certificate of Parts of Application (PTO-1553) Correction ☐ Check Attached ☐ Certificate of Correction Copy of Fee Formal Drawing(s) (in duplicate) Transmittal Form Notice of Appeal to Board \boxtimes Amendment/Response Request For Continued of Patent Appeals and Interferences Examination (RCE) ☐ Preliminary Transmittal Appeal Brief (in triplicate) ☐ After Final Affidavits/declaration(s) Power of Attorney \Box Status Inquiry ☐ Letter to Official (Revocation of Prior Powers) \boxtimes Draftsperson Return Receipt Postcard including Drawings [Total Sheets] Terminal Disclaimer Certificate of Facsimile Transmission under 37 C.F.R. 1.8 X Petition for One Month **Executed Declaration and Power** Extension of Time of Attorney for Utility or Design Additional Enclosure(s) Patent Application (please identify below) Ø Supplemental Information Small Entity Statement Disclosure Statement Form PTO-1449 Copies of IDS CD(s) for large table or computer Citations program Certified Copy of Priority Amendment After Allowance Document(s) Sequence Listing submission ☐ Paper Copy/CD CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8 Computer Readable Copy I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, ☐ Statement verifying is/are being deposited with the United States Postal Service as first class mail, postage identity of above prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 15th day of May, 2006. **CORRESPONDENCE ADDRESS** SIGNATURE BLOCK Respectfully submitted, Direct all correspondence to: Patent Administrator Proskauer Rose LLP Date: May 15, 2006 One International Place Reg. No.: 36,471 Joseph A. Capraso, Boston, MA 02110-2600 Tel. No.: (617) 526-9800 Attorney for the Applicant(s) Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899 Proskauer Rose LLP Fax No.: (617) 526-9899

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Complete if Known					
Application Serial No.	09/921,654				
Filing Date	August 3, 2001				
First Named Inventor	Amar				
Group No.	3626				
Examiner Name	Pass, N.				
Confirmation No.	5834				

	<u></u>			Confirmation	NO.	5834			
METHOD OF PAYMENT				FE)	E CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES					
☐ Check ☐ Money Order ☒ Other				Large	Small				
				Entity	Entity				
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081			Fee(\$)	Fee (\$)	Fee Description	Fee Paid			
Required Fees (copy of this sheet enclosed).			130	65	Surcharge - late filing fee or oath				
Additional fee required under 37 CFR 1.16 and 1.17.				50	25	Surcharge - late provisional filing fee or cover sheet			
Overpayment Credit.			130	130	Non-English specification				
Applicant claims small entity status.			2,520	2,520	Request for ex parte re-examination				
FEE CALCULATION			120	60	Extension for reply within 1st mo.	120.00			
1. BASIC FILIN	G, SEARCH	AND EX	KAMINATION	FEES	450	225	Extension for reply within 2 nd mo.		
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.		
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.		
Design	200	100	130		2,160	1,080	Extension for reply within 5 th mo.		
Plant	200	300	160		500	250	Notice of Appeal		
Reissue	300	500	600		500	250	Filing a brief in support of an appeal		
Provisional_	200	0	0		1,000	500	Request for oral hearing		
	S		Discount		400	0	Petitions to the Director		
		1.	TOTAL		180	180	Submission of IDS	180.00	
2. EXCESS CLAIM FEES Fee Small Entity Fee (\$)			790	395	Filing a submission after final rejection (37 CFR 1.129(a))				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. 50 25			790	395	For each additional invention to be				
Each independent claim over 3 or, for Reissues, 200 100					examined (37 CFR 1.129(b))				
each independent claim more than in the original patent.			100	100	Certificate of Correction for applicant's error				
Total Claims	1	Extra Claims		Fee Paid (\$)	130	65	Submission of Terminal Disclaimer		
27 - 20 or HP= 7 $x $50 = 350.00									
HP = highest number of total claims paid for, if greater than 20			Other fe	e (Specify)					
Indep. Claims Extra Claims Fee Paid (\$)				• •					
4 -3 or HP= 1 x \$200= \$200.00					Other fee	e (Specify)			
HP = highest number of							4. TOTAL:	\$300.00	
Multiple Dependent Claims	Fee(\$) 360	Smai 18	Il Entity fee (\$)	Fee Paid (\$)					
							TOTAL AMOUNT S	SUBMITTED	
			2. TOTAL:	\$550.00			\$850	0.00	
3. APPLICATION SIZE FEE				SIGNATURE BLOCK					
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						Respectfully submitted,			
Total E Sheets		Additional hereof	50 or fraction	Fee (\$) Fee Paid	Date: May 15, 2006				
		round t	•		Reg. No.: 36,471 Joseph A. Captaro, Jr.				
-100 = 0 /50= whole number x = 0.00				(617) 526-9		(s)			
3. TOTAL:				Fax No.:	(617) 526-9				
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